

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>TIPTON PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>460 FORKS OF THE WABASH WAY</b> <b>HUNTINGTON, IN 46750</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00167983.</p> <p>Complaint IN00167983 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 2 &amp; 3, 2015</p> <p>Facility number: 003376 Provider number: 003376 AIM number: N/A</p> <p>Survey Team Virginia Terveer, RN, TC Julie Call, RN</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Census payor type: Other: 33 Total: 33</p> <p>Sample: 5</p> <p>Tipton Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00167983.</p> <p>Quality Review 03/03/15 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE